

FORM D

DEC 2 0 2002

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549 FORM D CMB Number Expires:

CMB APPROVAL
ar 3235-0076

Expires: May 31, 2005 Estimated average burden

Hours per response

16.00

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| SEC USE ONLY  |  |  |  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|--|--|
| Serial        |  |  |  |  |  |  |  |  |
|               |  |  |  |  |  |  |  |  |
| DATE RECEIVED |  |  |  |  |  |  |  |  |
| 1             |  |  |  |  |  |  |  |  |
|               |  |  |  |  |  |  |  |  |

| Name of Offering   | ( check if this is a   | n amendment and na | ime has changed and                | l indicate change.)       |                   |   |  |  |  |
|--|--|--------------------|------------------------------------|---------------------------|-------------------|---|--|--|--|
|  |  |                    |                                    |                           |                   |   |  |  |  |
|  | US\$350,000,000 Notes consisting of: 4.83% Series 2003-1 Tranche A |                    |                                    |                           |                   |   |  |  |  |
|  |  |                    |                                    | eries 2003-1 Trancl       |                   |   |  |  |  |
|  |  |                    |                                    | Series 2003-1 Tranc       | he C              |   |  |  |  |
|  | Guaranteed Seni  | or Notes due 20    | 15.                                |                           |                   | CECCET  |  |  |  |
| Filing Under (Check<br>Type of Filing:                                       | box(es) that apply): [X] New Filing                                | Rule 504 Amendment | ☐ Rule 505                         | [X] Rule 506              | Section 4(6)      | DEC 3 0 2003  |  |  |  |
|  |  |                    |                                    |                           |                   | DEC 3 0 5003  |  |  |  |
|  |  | A                  | . BASIC IDENTIF                    | ICATION DATA              |                   | - MO284-  |  |  |  |
|  | tion requested about th  |                    |                                    |                           |                   | THOMSON   |  |  |  |
| Name of Issuer   | ( check if this is a   | n amendment and na | ime has changed, an                | d indicate change.)       |                   | Lilen   |  |  |  |
| Barilla Finance S  | S.A.   |                    |                                    |                           |                   |   |  |  |  |
| Address of Executive   | e Offices  | <del></del>        | (Number and Stree                  | t, City, State, Zip Code) | Telephone         | e Number (including Area Code)  |  |  |  |
| 73 Côte d'Eicl   | h, L-1450 Luxemb   | oourg              |                                    |                           | +3                | 352 40 45 46  |  |  |  |
| Address of Principal<br>(if different from Ex                                | Business Operations coutive Offices)                               |                    | (Number and Stree                  | t, City, State, Zip Code) | Telephone         | Number (including Area Code)  |  |  |  |
| Brief Description of   | Business   |                    |                                    |                           |                   |   |  |  |  |
| The business pur<br>companies, the a<br>stock, bonds, de<br>issuance of bond | rpose of Barilla Fi<br>acquisition by pur-<br>bentures, notes ar   | chase, subscripti  | ion, or in any m                   | anner as well as the      | transfer by sale, | Luxembourg and foreign<br>exchange or otherwise of<br>form and proceed to the |  |  |  |
| Type of Business Or  | •  | -                  |                                    |                           | _                 | _   |  |  |  |
| [X] corporatio   |  |                    | ited partnership, alre             |                           | other (please sp  | eficy):   |  |  |  |
| business tr  | ust  | Li limi            | ited partnership, to b  Month Year |                           |                   |   |  |  |  |
|  |  |                    |                                    |                           |                   |   |  |  |  |
|  | Date of Incorporation of<br>poration or Organization               |                    | 09 02                              | [X] Actual [              | Estimated         |   |  |  |  |
| Torradiction of facor  | portuon or Organizatio   |                    | ada; FN for other for              |                           | [FN]              |   |  |  |  |
| GENERAL INSTRU   | CTIONS   | 0 Oun              |                                    |                           |                   |   |  |  |  |

## GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 11CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: <u>Five (5) copies</u> of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice

Sec 1972 (6-02)

Persons who respond to the collection of Information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

|                           |                          | A:BASIC DEN                      | TIFICATION DATA                       |                      |                                       |
|---------------------------|--------------------------|----------------------------------|---------------------------------------|----------------------|---------------------------------------|
|                           | mation requested for the | _                                |                                       |                      |                                       |
|                           | •                        | r, if the issuer has been organi | · · · · · · · · · · · · · · · · · · · |                      | of a along of aquity appunition of    |
|                           | issuer;                  | ng the power to vote or dispor   | se, or direct the vote or dispo       | sinon or, 10% or mo  | re of a class of equity securities of |
| • Ea                      | ch executive officer and | director of corporate issuers a  | and of corporate general and          | managing partners of | partnership issuers; and              |
| • Ea                      | ch general and managing  | partner of partnership issues    |                                       |                      |                                       |
| Check box(es) that Apply  | : Promoter               | Beneficial Owner                 | ☐ Executive Officer                   | [X] Director         | General and/or Managing Partner       |
| Full Name (Last name fir  | st, if individual)       |                                  |                                       |                      | - Held                                |
| Mora, Cesare              |                          |                                  |                                       |                      |                                       |
| Business or Residence Ac  | dress (Number and St     | reet, City, State, Zip Code)     |                                       |                      |                                       |
| Barilla Holding Soci      | etá per Azioni, via      | Mantova, 166, 43100 Pa           | arma PR, Italy                        |                      |                                       |
| Check Boxes that Apply:   | Promoter                 | ☐ Beneficial Owner               | Executive Officer                     | [X] Director         | General and/or Managing Partner       |
| Full Name (Last name fir  | st, if individual)       |                                  |                                       | <del> </del>         |                                       |
| Vanderkerken, Eric        |                          |                                  |                                       |                      |                                       |
| Business or Residence Ac  | dress (Number and St     | reet, City, State, Zip Code)     |                                       |                      |                                       |
| First Trust, 73 Côte      | i'Eich, L-1450 Lux       | embourg                          |                                       |                      |                                       |
| Check Boxes that Apply:   | Promoter                 | ☐ Beneficial Owner               | Executive Officer                     | [X] Director         | General and/or Managing Partner       |
| Full Name (Last name fir  | st, if individual)       |                                  |                                       |                      |                                       |
| Schmitt, Alex             |                          |                                  |                                       |                      |                                       |
| Business or Residence Ac  | dress (Number and St     | reet, City, State, Zip Code)     |                                       |                      |                                       |
| Bonn Schmitt Steich       | en, 44 Rue de la Va      | illée, L-2661 Luxembou           | nrg                                   |                      |                                       |
| Check Boxes that Apply:   | Promoter                 | [X] Beneficial Owner             | ☐ Executive Officer                   | Director             | General and/or Managing Partner       |
| Full Name (Last name fire | st, if individual)       |                                  |                                       |                      |                                       |
| Barilla Holding Soci      | etá per Azioni           |                                  |                                       |                      |                                       |
| Business or Residence Ac  | dress (Number and St     | reet, City, State, Zip Code)     |                                       |                      |                                       |
| via Mantova, 166, 43      | 3100 Parma PR, Ita       | lly                              |                                       |                      |                                       |
| Check Boxes that Apply:   | ☐ Promoter               | ☐ Beneficial Owner               | Executive Officer                     | ☐ Director           | General and/or Managing Partner       |
| Full Name (Last name fire | st, if individual)       |                                  |                                       |                      | Managing Farmer                       |
| Business or Residence Ad  | dress (Number and St     | reet, City, State, Zip Code)     |                                       |                      |                                       |
| Check Boxes that Apply:   | Promoter                 | ☐ Beneficial Owner               | Executive Officer                     | ☐ Director           | General and/or Managing Partner       |
| Full Name (Last name fire | t, if individual)        |                                  |                                       |                      |                                       |
| Business or Residence Ad  | dress (Number and Str    | reet, City, State, Zip Code)     |                                       |                      |                                       |
|                           | (use bla                 | ank sheet, or copy and use add   | litional copies of this sheet, a      | s necessary)         |                                       |

|   | 1. 10 At   | **************************************          |                   | Heronomia                     |                               | B. INEC  | RMATION                                 | ABOUT OFF               | ERING                       |                                       | Higgs :                                 | 77074            |     |
|---|--|---|-------------------|-------------------------------|-------------------------------|--|---|-------------------------|-----------------------------|---------------------------------------|---|------------------|-----|
| L   | 25.34  | gens errore ra                                  | 7.2.1 (2.11.12.2) | and the state of the state of | Stage N. a Standard Louise A. | The state of the s | n e c gras at se                        |                         | AT 12 ISSUED BY BY BUILDING | · · · · · · · · · · · · · · · · · · · | Circuits (percent)                      | Yes              | No  |
| 1.  | Has the i  | ssuer sold, o                                   | r does the issu   | ier intend t se               | il, to non-acc                | redited invest   | ors in this offe                        | ring?                   |                             | ,                                     | *************************************** |                  | [X] |
| 2   | Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual? |   |                   |                               |                               |  |   |                         | \$250,000                   |                                       |   |                  |     |
| <i>J</i> .  | Wille IS C   | no manimana                                     | investment c      | nat win the ac                | copica nomi                   | iny marridual  | * *** ********************************* |                         |                             |                                       |   | \$250,000<br>Yes | No  |
| 3.  | 3. Does the offering permit joint ownership of a single unit?  |   |                   |                               |                               |  |   |                         | [X]                         |                                       |   |                  |     |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |  |   |                   |                               |                               |  |   | associated<br>more than |                             |                                       |   |                  |     |
| Ful   | l Name (L  | ast name firs                                   | st, if individua  | nl)                           |                               |  |   |                         |                             |                                       |   |                  |     |
| Ва  | anc of A   | merica S  | Securities        | LLC                           |                               |  |   |                         |                             |                                       |   |                  |     |
| Bus   | siness or R  | esidence Ad                                     | dress (           | Number and                    | Street, City, S               | State, Zip Cod   | e)                                      |                         |                             |                                       |   |                  |     |
| 9 '   | West 57  | th Street                                       | t, 28th Flo       | or, New                       | York, NY                      | 7 10019  |   |                         |                             |                                       |   |                  |     |
| Nai   | me of Asso   | ciated Broke                                    | er or Dealer      |                               |                               |  |   |                         |                             |                                       |   |                  |     |
|   |  |   |                   |                               |                               |  |   |                         |                             |                                       |   |                  |     |
| Sta   |  |   | sted Has Soli     |                               |                               | Purchasers   |   |                         |                             |                                       |   |                  |     |
| ı   | (Check ".  | All States" o                                   | r check indivi    | AR AR                         |                               |  | [c <del>7</del> ]                       | DE                      | DC                          | FL                                    | GA                                      | All States       | ID  |
| ,   | -11/   |   | 14                | KS                            | KY                            | LA   | ME                                      | MD                      |                             | MI                                    | Mi                                      | MS               |     |
| 1   | LYT.   | <del>                                    </del> | NV                |                               | NI NI                         |  | [ ME                                    | [WD]                    |                             |                                       |   |                  |     |
|   | MT   | TAC.  | NV                | NH                            |                               | NM_  |   |                         | ND                          |                                       | OK                                      | OR               | ræ  |
|   | RI   | sc  | SD                |                               | - A                           | UT_  |   | VA                      |                             | <u>wv</u>                             |   | WY               | PR  |
| Ful   | l Name (L  | ast name firs                                   | st, if individua  | 11)                           |                               |  |   |                         |                             |                                       |   |                  |     |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |  |   |                   |                               |                               |  |   |                         |                             |                                       |   |                  |     |
| Nai   | me of Asso   | ciated Broke                                    | er or Dealer      |                               |                               |  |   |                         |                             |                                       |   |                  |     |
|   |  |   |                   |                               |                               |  |   |                         |                             |                                       |   |                  |     |
| Sta   |  |   | sted Has Solk     |                               |                               |  | <del></del>                             |                         |                             |                                       |   | <del></del>      |     |
|   | (Check "   | All States" of                                  | r check indivi    | dual States)                  | •••••                         |  |   |                         | ,                           |                                       | ***                                     | ☐ All States     |     |
| [   | AL   | AK  | AZ                | AR                            | CA                            | CO   | CT                                      | DE                      | DC                          | FL                                    | GΛ                                      | HI               | ID  |
|   | ΙL   | IN  | IA                | KS                            | KY                            | LA   | ME                                      | MD                      | MA                          | MI                                    | MN                                      | MS               | MO  |
| ĺ   | MT   | NE  | NV                | NH                            | NJ                            | NM   | NY                                      | NC                      | ND                          | ОН                                    | OK                                      | OR               | PA  |
| [   | RI   | SC  | \$D               | TN                            | TX                            | UT   | VT                                      | VA                      | WA                          | WV                                    | WI                                      | WY               | PR  |
| Ful   | l Name (L  | ast name firs                                   | t, if individua   | l)                            |                               |  |   |                         |                             |                                       |   |                  |     |
| Bus   | iness or R   | esidence Ad                                     | dress (           | Number and S                  | Street, City, S               | State, Zip Code  | :)                                      |                         |                             | ···· <del>/ · · · · ·</del>           |   |                  |     |
|   |  |   |                   |                               |                               |  |   |                         |                             |                                       |   |                  |     |
| Nai   | me of Asso   | ciated Broke                                    | er or Dealer      |                               |                               |  |   |                         |                             |                                       |   |                  |     |
| Sta   | tes in Whic  | h Person Li                                     | sted Has Solid    | cited or Intend               | is to Solicit F               | Purchasers   |   |                         |                             |                                       |   |                  |     |
|   | (Check ".  | All States" or                                  | r check indivi    | dual States)                  |                               | ***************************************  |   |                         |                             |                                       |   | ☐ All States     |     |
| [   | AL   | AK  | AZ                | AR                            | CA                            | CO   | СТ                                      | DE                      | DC                          | FL                                    | GA                                      | HI               | ID  |
| [   | IL   | IN  | IA                | KS                            | KY                            | LA   | ME                                      | MD                      | MA                          | MI                                    | MN                                      | MS               | MO  |
| [   | MT   | NE  | NV                | NH                            | NJ                            | NM   | NY                                      | NC                      | ND                          | ОН                                    | OK                                      | OR               | PA  |
| [   | RI   | SC  | SD                | TN                            | TX                            | UT   | VT                                      | VA                      | WA                          | WV                                    | WI                                      | WY               | PR  |
| Г   | RI   | SC  | SD                | TN                            | TX                            | UT   | VT                                      | VA                      | [WA]                        | WV                                    | WI                                      | [WY]             | PR  |

Use blank sheet, or copy and use additional copies of this sheet, as necessary)

## Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero". If the transaction is an exchange of offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Offering Already Price sold Type of security \$350,000,000 \$350,000,000 Debt ..... Equity Common Preferred Convertible Securities (including warrants) \$0 \$0 Partnership Interests \$0 \$0 \$0 Other (Specify \_\_\_\_ Total \$350,000,000 \$350,000,000 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offering under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero". Aggregate Dollar Number Amount of Investors Purchases 29 \$350,000,000 Accredited Investors Non-accredited Investors 0 29 Total \$350,000,000 Answer also in Appendix, Column 3, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicted, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Type of Type of Offering Security Amount Sold Rule 505.... Regulation A \$ Rule 504.... Total ..... Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees.... П Printing and Engraving Costs.... Legal Fees \$525,000 [X]Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately) ...... \$875,000 )..... Other (Specify \_\_\_ Total ..... \$1,400,000

C. OFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

|            | C: OFFERING PRICE, NUMBER   | OF INVESTORS, EXPENSES               | AND USE OF PROCE                                | <b>EDS</b>              |
|------------|---|--------------------------------------|---|-------------------------|
|            | b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — Coproceeds to the issuer."  | \$ 348,600,000                       |   |                         |
| 5.         |   |                                      |   |                         |
|            |   |                                      | Payments to Officers,<br>Directors & Affiliates | Payments to Others      |
|            | Salaries and fees   |                                      | <b>\$</b>                                       | <b>\$</b>               |
|            | Purchase of real estate   |                                      | <b>\$</b>                                       | <b>\$</b>               |
|            | Purchase, rental or leasing and installation of   |                                      |   |                         |
|            | machinery and equipment   |                                      |   | <b>\$</b>               |
|            | Construction or leasing of plant buildings and facilities   |                                      | \$  | □ \$                    |
|            | Acquisition of other businesses (including the value of   |                                      |   |                         |
|            | this offering that may be used in exchange for the asset-<br>issuer pursuant to a merger)   |                                      | □s  | □ \$                    |
|            | Repayment of indebtedness   |                                      |   | [X] \$_348,600,000      |
|            | Working capital   |                                      |   | <b>\$</b>               |
|            | Other (Specify  |                                      |   |                         |
|            |   |                                      |   |                         |
|            | Column Totals   |                                      | \$  | \$<br>\$<br>.600.000    |
| <b>元约米</b> | D.i.  | EDERAL SIGNATURE                     |   |                         |
| The        |   | ······                               |   |                         |
| follo      | issuer has duly caused this notice to be signed by the university signature constitutes an undertaking by the issuer to staff, the information furnished by the issuer to any nor | to fulmish to the U.S. Securities an | d Exchange Commission                           | n, upon written request |
| issu       | er (Print or Type)  | Signature                            | Date  |                         |
| Bar        | Ila Finance S.A.  | Valetide                             | December  | 22, 2003                |
| Nan        | ne of Signer (Print or Type)  | Title of Signer (Print or Type)      |   |                         |
| Eric       | Vanderkerken  | Director                             |   |                         |
|            |   |                                      |   |                         |
|            |   |                                      |   |                         |
|            |   |                                      |   |                         |
|            |   |                                      |   |                         |
|            |   |                                      |   |                         |
|            |   |                                      |   |                         |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)